PTO/SB/05 (08-03)
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PATENT APPLICATION

Attorney Docket No. 500862001810 First Inventor Alan M. EZRIN

| TRANSMITTAL | Title | PULMONARY DELIVERY FOR BIOCONJUGATION | | | | | | | | |
|--|---------|---|--|--|--|--|--|--|--|--|
| (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Expres | ss Mail Label No. EL 968 417 810 US O | | | | | | | | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co. | ntents. | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | |
| 1. X Fee Transmittal Form (e.g., PTO/SB/17) 1 pg IN DUP (Submit an original, and a duplicate for fee processing) 2. X Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 17 (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Ctaim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets 5. Oath or Declaration (unexecuted) [Total Sheets a. Newly executed (original or copy) b. X Copy from a prior application (37 CFR 1.63(d)) continuation/divisional with Box 18 completed) - 9 pgs | 7 1 | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. X Computer Readable Form (CRF) - 1 b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. X Paper - 5 pgs c. X Statements verifying identity of above copies - 2 pgs ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 Citations 13. X Preliminary Amendment - 18 pgs 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | | | | | | |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. X Application Data Sheet. See 37 CFR 1.76 - 5 pages | | 15. Certified Copy of Priority Document(s) (If foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. X Other: Courtesy copy of Revocation of Prior Power of Attorney - 3 pgs | | | | | | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Continuation-in-part (CIP) of prior application No.: 09/656,121 f: 9/6/2000 Prior application information: Examiner E.J. Webman Art Unit: 1617 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | | | | |
| | | | | | | | | | | |
| 19. CORRESPONDENCE ADDRESS X Customer Number: 20872 OR Correspondence address below | | | | | | | | | | |
| Name | | | | | | | | | | |
| Address | | | | | | | | | | |
| City Sta | te | Zip Code | | | | | | | | |
| | ephone | Fax | | | | | | | | |
| Name (Print/Type) Michael R. Ward Signature Muchael R. Ward | 21 | Registration No. (Attorney/Agent) 38,651 Date January/2, 2004 | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 968 417 810 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dat d: January 2004 Signature: (LILIA OLSEN) | | | | | | | | | | |

PTO/SB/17 (10-03)

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| FEE TRANSMITTAL | | Complete if Kn wn | | | | | | | |
|--|-------------------------|--|----------------------|-------------|---|---|-----------------------------------|-------------|--|
| for FY 2004 | | Application Number | | | | Not Y t Assign d | | | |
| | | | | | | Concurrently Herewith | | | |
| Effective 10/01/2003, Patent fees are subject to annual revision. | | | First Named Inventor | | | | Alan M. EZRIN | | |
| Ellective 10.072003, Faterit rees are subject to allinear revision. | | | Examiner Name | | | | Not Yet Assigned | | |
| X Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | | | | Not Yet Assigned | | |
| TOTAL AMOUNT OF PAYMENT (\$) 721.00 | | Attorney Docket No. 500862001810 | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | FEE CAL | | | | CALCUL | ATION (co | ntinued) | | |
| Check Credit Money Other None | | | | | | (00 | | | |
| Card Order Outer | 3. ADDITIONAL FEES | | | | | | | | |
| X Deposit Account: | | e Entity | Cmall | Catitus | | | | | |
| Deposit Account 03-1952 | Fee | Fee | Fee | Entity | - | Sala Dana | | | |
| Number | Code | (\$) | Code | (\$) | | Fee Desc | enption | Fee Paid | |
| Deposit Account Morrison & Foerster LLP | 1051 | 130 | 2051 | 65 | Surcharge - | rge - late filing fee or oath | | | |
| Name The Director is authorized to: (check all that apply) | 1052 | 50 | 2052 | 25 | Surcharge - sheet. | rcharge - late provisional filing fee or cover eet. | | | |
| X Charge fee(s) indicated below X Credit any overpayments | 1053 | 130 | 1053 | 130 | Non-English | English specification | | | |
| X Charge any additional fee(s) or any underpayment of fee(s) | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | | | | |
| Charge fee(s) indicated below, except for the filling fee | 1804 | 920* | 1804 | 920* | Requesting Examiner a | publication o | | | |
| to the above-identified deposit account. | 1805 | 1,840* | 1805 | 1,840* | Requesting Examiner a | publication o | | | |
| FEE CALCULATION | 1251 | 110 | 2251 | 55 | | or reply within | n first month | | |
| 1. BASIC FILING FEE | 1252 | 420 | 2252 | 210 | Extension for | or reply within | n second month | | |
| Large Entity Small Entity | 1253 | 950 | 2253 | 475 | Extension for | or reply within | third month | | |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) | 1254 | 1,480 | 2254 | 740 | Extension for | or reply within | n fourth month | | |
| 1001 770 2001 385 Utility filing fee 385.00 | 1255 | 2,010 | 2255 | 1,005 | Extension fo | or reply within | fifth month | | |
| 1002 340 2002 170 Design filing fee | 1401 | 330 | 2401 | 165 | Notice of Ap | peal | | | |
| 1003 530 2003 265 Plant filing fee | 1402 | | 2402 | | - | f in support o | | | |
| 1004 770 2004 385 Reissue filing fee | 1403 1451 | 290 | 2403 | | - | oral hearing | | | |
| 1005 160 2005 80 Provisional filing fee | | | 1451 2452 | 1,510 55 | | n to institute a public use proceeding n to revive – unavoidable | | | |
| SUBTOTAL (1) (\$) 385.00 | 1452 1453 | | 2453 | | | ition to revive - unintentional | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 | 1,330 | 2501 | | | fee (or reiss | | | |
| Extra Fee from | 1502 | | 2502 | 240 | Design issu | • | • | | |
| Total Claims 43 -20** = 23 x 9 = 207 | 1503 | 640 | 2503 | 320 | Plant issue | fee | | | |
| Independent 6 -3** = 3 x 43 = 129 | 1460 | 130 | 1460 | 130 | Petitions to | Petitions to the Commissioner | | | |
| Claims Use Claims Multiple Dependent | 1807 | 50 | 1807 | 50 | Processing | fee under 37 | CFR 1.17(q) | | |
| Large Entity Small Entity | 1806 | 180 | 1806 | 180 | _ | | on Disclosure Stmt | | |
| Fee Fee Fee Fee Fee Description | 8021 | 40 | 8021 | 40 | | | ssignment per | | |
| Code (3) Code (3) | | | | | | | of properties) final rejection | | |
| 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 | 1809 | 770 | 2809 | 385 | (37 CFR 1.1 | 129(a)) | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) | | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 | 1802 | | | | | st for expedited examination sign application | | | |
| and over original patent | Other fee (specify) | | | | | | | | |
| SUBTOTAL (2) (\$) 336.00 **or number previously paid, if greater, For Reissues, see above | uced by E | ced by Basic Filing Fee Paid SUBTOTAL (3) (5) 0.00 | | | | | | | |
| | | | | | | | | | |
| Name (Print/Type) Michael R. Ward | Registration No. 38,651 | | | | | (Complete (if applicable)) Telephone (415) 268-6524 | | | |
| Signature Wichael RWord | | | | | | Date | January 12, 20 | | |
| | 7 | | | | | | canaary 12, 20 | | |